

**State of Washington**

**Health Information Infrastructure Advisory Board (HIIAB)**

**Preliminary Analysis of Goals & Objectives from August 2005 meeting**

[Note: numbers with “)” refer to items raised at last meeting]

**I. Goals**

1. {inclusive} Include all stakeholders: consumers, providers, others
  - a. 1) all providers have EMRs
  - b. 28) inclusive of all consumers & stakeholders
2. {comprehensive} Use health information infrastructure for all relevant purposes: patient care, public health, medical research, quality improvement, health care operations
  - a. 2) Use EHR for safety and quality
  - b. 3) Sharing EHR information
  - c. 30) Usable for pt care, pub hlth, med res, qual imp, health care ops
3. {effective} Meet needs of all stakeholders
  - a. 27) stakeholder friendly
  - b. 25) interface to worker's compensation

**II. Policy**

1. Patient access to records
  - a. 7) Patient interaction with & ownership of records
2. Patient ownership of records
  - a. 7) Patient interaction with & ownership of records
3. Participation by patients is voluntary
  - a. 29) Voluntary (pts)
4. Liability
  - a. 26) Liability

**III. Financing**

1. Determine initial & continuing financing mechanisms
  - a. 17) Financing (initial & continuing)
  - b. 32) changing distribution of costs – patients paying more
2. Use metrics to demonstrate value to stakeholders
  - a. 18) Demonstrating value to stakeholders – built-in metrics in projects
3. Technology must be affordable by small provider practices
  - a. 8) affordability of technology for small practices

**IV. Governance**

1. Governance must be defined
  - a. 15) Governance

**V. Strategy**

1. Implement incrementally
  - a. 10) incremental implementation
  - b. 24) transition from current paper records
2. Separate approaches for large & small organizations
  - a. 16) separate approaches for large & small
3. Identify State role
  - a. 19) Identify State role (other than as purchaser & provider)
4. Coordinate with other initiatives
  - a. 13) Related activities that can be leveraged (e.g. pay for performance)
  - b. 21) Coordination with Federal efforts

**VI. Architecture**

1. protect privacy
  - a. 5) privacy
  - b. 6) security
2. flexible/expandable/reliable/maintainable
  - a. 4) scale
  - b. 9) architecture?
  - c. 20) simplicity – avoid redundancy
  - d. 22) flexibility/expandability/maintainability
  - e. 23) scalability
  - f. 14) scope of functions (include secure messaging)
  - g. 31) information integrity (e.g. information on one patient all together)
  - h. 33) continuity of record over time
3. utilize standards
  - a. 11) standards
  - b. 12) minimum data set

[OUTLINE WITHOUT REFERENCES TO PREVIOUS MEETING]

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3. {effective} Meet needs of all stakeholders

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